

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003106

Entity Name: FARMLAND MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391-1100

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391-1100 US

FEI Number: 42-0618271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, COO, DIRECTOR
Name WILLIAMS, TERRANCE
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VP, TREASURER
Name NELSON, DAVID N.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VP, SECRETARY
Name HORNER, ROBERT W. III
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title EXECUTIVE VICE PRESIDENT, CFO
Name THRESHER, MARK R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SENIOR VICE PRESIDENT
Name BIESECKER, PAMELA A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SENIOR VICE PRESIDENT
Name HALLOWELL, HARRY H.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ALPHIN, LEWIS J.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name TOELLE, MICHAEL J.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT W. HORNER, III

SECRETARY

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BELL, A. I.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name PORTEUS, BRENT R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ZELLERS, JEFFREY W.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name DOUGLAS, GARY A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name RASMUSSEN, STEPHEN S.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name WEILNAU, SPARKY R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215